### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identification 2000189 Number:   |   |             |                        |        |         | port<br>ed B |                | CANDI       | DATE     |        | СОМ        | 4ITTEE                   | ✓              | LOBI     | BYIST     |                |  |
|--|---|-------------|------------------------|--------|---------|--------------|----------------|-------------|----------|--------|------------|--------------------------|----------------|----------|-----------|----------------|--|
| Name of Filing C   | Committee, Candi  | date or L   | obbyist:               |        | PHII    | LA F         | ED TE          | ACH (PF     | T) COI   | 4 SUI  | PT PUB     | EDU                      |                |          |           |                |  |
| Street Address:  | 1816 CHEST  | NUT ST      |                        |        |         |              |                |             |          |        |            |                          |                |          |           |                |  |
| City:  | PHILADELPH<br>-   | IA          |                        |        |         |              |                | State:      | PA       |        |            | Zip Cod                  | ie: 19         | 9103     |           |                |  |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY  | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-   | - [     | 2.           | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDMENT<br>REPORT?     |                | Yes      | No        | ~              |  |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION   | 4.          | 2ND FRIDAY<br>ELECTION | ' PRE  | ≣- !    | 5.           | 30 DA<br>ELECT |             | POST- 6. |        |            | TERMINA<br>REPORT?       |                | Yes      | No        | <b>\</b>       |  |
| report type)   | ANNUAL REPOR  | 7. <b>X</b> | <b>Year</b> 2009       |        |         |              |                | IG METHO    |          |        |            |                          |                | <b>/</b> | DISKE     | ГТЕ            |  |
| Name of Office S   | -<br>Sought by Candid   | ate:        |                        |        |         |              |                | DATE 0      | F ELE    | CTIO   | N          | District<br>Number       | Office<br>Code | Par      | ty Code   | County<br>Code |  |
|  |   |             |                        |        |         |              |                | МО          | DAY      | YE     | AR         |                          | 10000          | <u> </u> |           |                |  |
|  |   |             |                        |        |         |              |                | 11          |          | 3      | 2009       |                          | (SEE IN        | ISTRUCTI | ONS FOR C | ODES)          |  |
|  | Summary of Receipts and Expenditures from:  MO DAY YEAR  MO DAY YEAR  TO DAY YEAR |             |                        |        |         |              | AR             | FO          | R OFFI   | CE USE | ONLY       |                          |                |          |           |                |  |
| Expenditures   | s from:   |             | 1 1                    | 2      | 009     | Т            | 0              | 12          | :        | 31     | 2009       |                          |                |          |           |                |  |
| A. Amount Bro  | ught Forward Fro  | m Last R    | eport                  |        |         |              | \$             |             |          | 473,4  | 176.78     |                          |                |          |           |                |  |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 37,866.4   |   |             |                        |        |         |              |                | 366.46      |          |        |            |                          |                |          |           |                |  |
| C. Total Funds Available (Sum Of Lines A and B) \$ 511,3   |   |             |                        |        |         |              | 343.24         |             |          |        |            |                          |                |          |           |                |  |
| D. Total Expenditures (From Schedule III)  |   |             |                        |        |         | \$           |                |             | 3,8      | 847.50 |            |                          |                |          |           |                |  |
| E. Ending Cash Balance (Subtract Line D From Line C)   |   |             |                        |        |         | \$           |                | Ĺ           | 507,4    | 95.74  |            |                          |                |          |           |                |  |
| F. Value Of In-  | Kind Contribution   | s Receiv    | ed (From Sc            | hedu   | le II   | [)           | \$             |             |          |        | 0.00       |                          |                |          |           |                |  |
| G. Unpaid Debt   | ts And Obligation   | s (From S   | Schedule IV)           | )      |         |              | \$             |             |          |        | 0.00       |                          |                | 1        |           |                |  |
|  |   |             |                        | AFF    | IDA     | ٩VI          | T SE           | CTION       |          |        |            |                          |                |          |           |                |  |
| PART I - If this is  | s a Committee re  | ort, trea   | surer sign h           | ere. 1 | If th   | is is        | a Can          | ndidate re  | eport, c | candi  | date sig   | ın here.                 |                |          |           |                |  |
| I swear (or affirm) correct and comple   | ) that this report, in<br>ete.  | cluding the | e attached sch         | edules | s filed | d on         | paper (        | or by elect | ronic m  | edium  | , are to t | he best o                | f my kno       | wledge   | and belie | f , true       |  |
| Sworn to and subs  | cribed before me th<br>day of   | is          | 20                     |        |         |              |                |             |          | S      | ignature   | of Perso                 | n Submit       | ting Rep | ort       |                |  |
|  | — Signat  | ure         |                        |        |         |              | -              |             |          |        |            | Prin                     | ted Nam        | e        |           |                |  |
| My Commission Ex   | cpires  |             |                        |        |         |              | _              |             |          |        |            | Ema                      | il             |          |           |                |  |
|  | МО  | D           | AY                     | YR     |         |              |                |             | Arc      | ea Coc | le         | Daytim                   | e Telepi       | hone Nu  | mber      |                |  |
| Part II- If this is  | a report of a car   | didate's    | authorized (           | Comn   | nitte   | e, C         | andida         | ate shall   | sign he  | ere.   |            |                          |                |          |           |                |  |
| I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. |   |             |                        |        |         |              |                |             |          |        |            |                          |                |          |           |                |  |
| Sworn to and subsc   |   | <b>.</b>    | 20                     |        |         |              |                |             |          |        | Si         | ignature o               | of Candid      | late     |           |                |  |
|  | day of  |             |                        |        |         |              | -              |             |          |        |            | Printe                   | d Name         |          |           |                |  |
| Mar Community is T   | Signature   |             |                        |        |         |              | -              |             |          |        |            | Ema                      | il             |          |           |                |  |
| My Commission Exp  | oires<br>   |             |                        |        |         |              | _,             |             |          |        |            |                          |                |          |           |                |  |
|  | МО  | D           | AY                     | YR     |         |              | •              |             | Area     | Code   |            | Daytime Telephone Number |                |          |           |                |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filling Committee on Condition   |           |          |              |            |  |  |  |  |  |
|--|-----------|----------|--------------|------------|--|--|--|--|--|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |  |  |  |  |  |
| PHILA FED TEACH (PFT) COM SUPT PUB EDU   | From:     | 1/1/200  | <u>9</u> То: | 12/31/2009 |  |  |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |            |  |  |  |  |  |
| TOTAL for the Reporting  | J Period  | (1)      | \$           | 37,635.85  |  |  |  |  |  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |            |  |  |  |  |  |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 0.00       |  |  |  |  |  |
| All Other Contributions (Part B)   |           |          | \$           | 0.00       |  |  |  |  |  |
| TOTAL for the Reporting  | \$        | 0.00     |              |            |  |  |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |            |  |  |  |  |  |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 0.00       |  |  |  |  |  |
| All Other Contributions (Part D)   |           |          | \$           | 0.00       |  |  |  |  |  |
| TOTAL for the Reporting  | y Period  | (3)      | \$           | 0.00       |  |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |            |  |  |  |  |  |
| TOTAL for the Reporting  | J Period  | (4)      | \$           | 230.61     |  |  |  |  |  |
|  |           |          |              |            |  |  |  |  |  |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 37,866.46  |  |  |  |  |  |

#### **PART A**

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

|                           | is Part to itemize onl<br>vith an aggregate valu |                  |          |                  |      |            |    |        |  |
|---------------------------|--|------------------|----------|------------------|------|------------|----|--------|--|
| Name of Filing Commit     | tee or Candidate                                 |                  | Re       | Reporting Period |      |            |    |        |  |
|                           |  |                  | From: To |                  |      | <b>ɔ</b> : |    |        |  |
|                           |  | <u>-</u>         |          |                  | DATE |            |    | AMOUNT |  |
| Full Name of Contributing | g Committee                                      |                  |          | МО               | DAY  | YEAR       |    |        |  |
| Mailing Address           |  |                  |          |                  |      |            | \$ | 0.00   |  |
| City                      | State  | Zip Code (Plus 4 | )        |                  |      |            |    |        |  |
|                           | •  | •                |          |                  | •    | -          |    |        |  |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL**\$ 0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filling Committee of Camulate |       |                   | Reporting Period From: To: |    |      |      |    |        |
|---------------------------------------|-------|-------------------|----------------------------|----|------|------|----|--------|
|                                       |       |                   |                            |    | DATE |      |    | AMOUNT |
| Full Name of Contributor              |       |                   |                            | МО | DAY  | YEAR |    |        |
| Mailing Address                       |       |                   |                            |    |      |      | \$ | 0.00   |
| City                                  | State | Zip Code (Plus 4) | 1                          |    |      |      |    |        |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candi | me of Filing Committee or Candidate |               | Reporting Period |      |     |      |    |            |
|-----------------------------------|-------------------------------------|---------------|------------------|------|-----|------|----|------------|
|                                   |                                     |               | From:            |      |     | То:  |    |            |
|                                   |                                     |               |                  | DA   | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                                 |               |                  | мо   | DAY | YEAR |    |            |
| Mailing Address                   |                                     |               |                  |      |     |      | \$ | 0.00       |
| City                              | State                               | Zip Cod       | e (Plus 4)       |      |     |      |    |            |
|                                   |                                     |               |                  |      |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail                  | ed Summary Pa | age, Sectio      | n 3. |     |      | \$ | 0.00       |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| nme of Filing Committee or Candidate               |                 | Reporting Period |              |            |            |       |      |       |           |                 |
|--|-----------------|------------------|--------------|------------|------------|-------|------|-------|-----------|-----------------|
|  |                 |                  |              | Fror       | n:         |       | То:  |       |           |                 |
|  |                 |                  |              |            | D          | ATE   |      |       | AMOUNT    |                 |
| Full Name of Contributor                           |                 |                  |              |            | мо         | DAY   | YEAR |       |           |                 |
| Mailing<br>Address<br>City State Zip Code (Plus 4) |                 |                  |              |            |            | \$    |      | 0.00  |           |                 |
| City   | State           | Zi               | p Code (Plus | <b>4</b> ) |            |       |      |       |           |                 |
| Employer Name                                      |                 | •                |              |            | Occupation |       |      |       |           |                 |
| Employer Mailing Address/Principal Pla<br>Business | ce of           |                  | City         |            |            | State |      | Zip C | ode (Plus | 4)              |
| Enter Grand Total of Part C on Scho                | edule I, Detail | led Sumr         | mary Page,   | Section    | on 3.      |       |      | \$    | PAGE TO   | <b>TAL</b> 0.00 |

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Ca | ındidate     |             | Report  | ing Perio | od      |               |                   |        |
|--------------------------------|--------------|-------------|---------|-----------|---------|---------------|-------------------|--------|
| PHILA FED TEACH (PFT) COM      | SUPT PUB EDU |             | From:   |           | 1/1/200 | 9 <b>To</b> : | <b>12/31/2009</b> |        |
|                                |              |             |         | D         | ATE     |               | АМО               | UNT    |
| Full Name                      |              |             |         |           | DAY     | YEAR          |                   |        |
| AMALGAMATED BANK               |              |             |         | МО        | DAY     | YEAK          |                   |        |
| Mailing Address                |              |             |         |           |         |               | \$                | 112.27 |
|                                |              |             |         | 11        | 30      | 2009          |                   |        |
| City                           | State        | Zip Code (F | Plus 4) |           |         |               |                   |        |
|                                | NY           |             |         |           |         |               |                   |        |
| Receipt Description INTER      | EST INCOME   |             |         |           |         |               |                   |        |
| Full Name                      |              |             |         |           |         |               |                   |        |
| AMALGAMATED BANK               |              |             |         | МО        | DAY     | YEAR          |                   |        |
| Mailing Address                |              |             |         |           |         |               | \$                | 118.34 |
| City                           | State        | Zip Code (F | Plus 4) | 12        | 31      | 2009          |                   |        |
| City                           | NY           |             | ,       |           |         |               |                   |        |
| Receipt Description INTER      | EST INCOME   |             |         |           | l       |               | I                 |        |
|                                |              |             |         |           |         | Г             | PAGE              | TOTAL  |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$ 230.61

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Period |                            |            |  |  |  |  |  |  |
|--|------------------|----------------------------|------------|--|--|--|--|--|--|
| PHILA FED TEACH (PFT) COM SUPT PUB EDU   | From:            | <u>1/1/2009</u> <b>To:</b> | 12/31/2009 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |                            |            |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00       |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | TF)              |                            |            |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00       |  |  |  |  |  |  |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |            |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00       |  |  |  |  |  |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | •                | \$                         | 0.00       |  |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidat  | me of Filing Committee or Candidate |                       |          |             | Reporting Period |           |            |  |  |
|---|-------------------------------------|-----------------------|----------|-------------|------------------|-----------|------------|--|--|
|   |                                     |                       | From:    |             |                  | То:       |            |  |  |
|   |                                     |                       |          | DATE        |                  | AMOUNT    |            |  |  |
| Full Name of Contributor  |                                     |                       |          | DAY         | YEAR             |           |            |  |  |
| Mailing Address   |                                     |                       |          |             |                  | <b>\$</b> | 0.00       |  |  |
| City  | State                               | Zip Code (Plus 4)     |          |             |                  |           |            |  |  |
| Description of Contribution:  |                                     |                       |          |             |                  |           |            |  |  |
| Enter Grand Total of Part E on Sch  | andula II. In-Kir                   | nd Contributions Data | ilad Sum | mary Pag    |                  |           | DACE TOTAL |  |  |
| nter Grand Total of Part F on Schedule II, In-Kind Contributions Detai<br>ection 2. |                                     |                       |          | iliai y Pag | , je,            |           | PAGE TOTAL |  |  |
|   |                                     |                       |          |             |                  | \$        | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   | me of Filing Committee or Candidate |      |            |         | Re    | porting l | Period                 |       |        |                 |  |
|---|-------------------------------------|------|------------|---------|-------|-----------|------------------------|-------|--------|-----------------|--|
|   |                                     |      |            |         | From: |           |                        | To:   | То:    |                 |  |
|   |                                     |      |            |         | •     |           | DATE                   |       |        | AMOUNT          |  |
| Full Name of Contributor  |                                     |      |            |         |       | МО        | DAY                    | YEAR  |        |                 |  |
| Mailing Address   |                                     |      |            |         |       |           |                        | \$    | 0.00   |                 |  |
| City  | State                               |      | Zip Code(I | Plus 4) |       |           |                        |       |        |                 |  |
| Employer of Contributor   |                                     |      |            |         |       | Occupa    | ition                  |       | •      |                 |  |
| Employer Mailing Address/Principal Plac<br>Business   | ce of                               | City |            | State   |       | Zip<br>4) | Code(Plus              | Descr | iption | of Contribution |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |                                     |      |            |         |       |           | <b>PAGE TOTAL</b> 0.00 |       |        |                 |  |

### **SCHEDULE III STATEMENT OF EXPENDITURES**

| Name of Filing Committee or Car                    | ndidate            |                   | Reporti | ng Period                               |           |          |            |  |
|--|--------------------|-------------------|---------|---|-----------|----------|------------|--|
| PHILA FED TEACH (PFT) COM S                        | UPT PUB EDU        |                   | From    | 1/                                      | 1/2009    | То:      | 12/31/2009 |  |
|  |                    |                   |         | DATE AM                                 |           |          |            |  |
| To Whom Paid PENNSYLVANIANS FOR REPRESE            | ENTATIVE COHEN     |                   | мо      | DAY                                     | YEAR      |          |            |  |
| Mailing Address                                    |                    |                   | 12      | 11                                      | 2009      | \$       | 300.00     |  |
| City State Zip Code (Plus 4)                       |                    |                   |         | Description of Expenditure CONTRIBUTION |           |          |            |  |
| <b>To Whom Paid</b> STEVE SATARSIERO FOR STATE REP |                    |                   |         | DAY                                     | YEAR      |          |            |  |
| Mailing Address                                    | Mailing Address    |                   |         | 11                                      | 2009      | \$       | 300.00     |  |
| City State Zip Code (Plus 4)                       |                    |                   |         | tion of Exp<br>IBUTION                  | penditure |          |            |  |
| To Whom Paid<br>TOMLINSON FOR STATE SENATE         | Ē                  |                   | МО      | DAY                                     | YEAR      |          |            |  |
| Mailing Address                                    |                    |                   | 12      | 11                                      | 2009      | \$       | 300.00     |  |
| City   | <b>State</b><br>PA | Zip Code (Plus 4) |         | otion of Exp                            | penditure |          |            |  |
| To Whom Paid<br>FRIENDS OF FARNESE                 |                    |                   | МО      | DAY                                     | YEAR      |          |            |  |
| Mailing Address                                    |                    |                   | 12      | 11                                      | 2009      | \$       | 1,000.00   |  |
| City State Zip Code (Plus 4)                       |                    |                   | ı       | otion of Exp<br>IBUTION                 | penditure |          |            |  |
| To Whom Paid PA AFL-CIO PRESIDENTS COPE            |                    |                   | мо      | DAY                                     | YEAR      |          |            |  |
| iling Address                                      |                    |                   | 12      | 11                                      | 2009      | \$<br>\$ | 600.00     |  |

Zip Code (Plus 4)

**Description of Expenditure** 

CONTRIBUTION

State

PΑ

City

| To Whom Paid<br>FORUM 2007   | PRUM 2007   |  |    |   | YEAR |    |            |  |
|--|---|--|----|---|------|----|------------|--|
| Mailing Address  |   |  | 12 | 11                                      | 2009 | \$ | 1,000.00   |  |
| City State Zip Code (Plus 4)   |   |  |    | Description of Expenditure CONTRIBUTION |      |    |            |  |
| To Whom Paid HEFFLER RADETICH AND SAITTA                               |   |  | МО | DAY                                     | YEAR |    |            |  |
| Mailing Address  |   |  | 12 | 11                                      | 2009 | \$ | 347.50     |  |
| City   | Description of Expenditure ACCOUNTING FEE                             |  |    |   |      |    |            |  |
| inter Grand Total of Evnenditures on Page 1. Penert Cover Page. Item D |   |  |    |   |      |    | PAGE TOTAL |  |
| Enter Grand Total of Expe  | iter Grand Total of Expenditures on Page 1, Report Cover Page, Item I |  |    |   |      | \$ | 3,847.50   |  |